

County: Milwaukee
 CLEMENT MANOR HEALTH CARE CENTER
 3939 SOUTH 92ND STREET
 GREENFIELD 53228 Phone:(414) 321-1800
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/02): 166
 Total Licensed Bed Capacity (12/31/02): 166
 Number of Residents on 12/31/02: 163

Facility ID: 2490

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Ownership: Nonprofit Church
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 162

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No									32.5
Supp. Home Care-Personal Care	No						1 - 4 Years			44.8
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years			22.7
Day Services	No		Mental Illness (Org./Psy)	32.5	65 - 74	4.9				-----
Respite Care	Yes		Mental Illness (Other)	1.2	75 - 84	35.0				100.0
Adult Day Care	Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	46.0				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	1.2	95 & Over	14.1			Full-Time Equivalent	
Congregate Meals	Yes		Cancer	0.6		-----			Nursing Staff per 100 Residents	
Home Delivered Meals	No		Fractures	0.6		100.0			(12/31/02)	
Other Meals	No		Cardiovascular	20.2	65 & Over	100.0			-----	
Transportation	No		Cerebrovascular	14.7		-----	RNs			10.0
Referral Service	No		Diabetes	3.1	Sex	%	LPNs			10.6
Other Services	No		Respiratory	0.6		-----	Nursing Assistants,			
Provide Day Programming for			Other Medical Conditions	25.2	Male	20.9	Aides, & Orderlies			41.4
Mentally Ill	No			-----	Female	79.1				
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	3	3.1	136	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	3	1.8
Skilled Care	6	100.0	311	87	90.6	116	0	0.0	0	56	91.8	192	0	0.0	0	0	0.0	0	0	0.0	149	91.4
Intermediate	---	---	---	6	6.3	95	0	0.0	0	5	8.2	174	0	0.0	0	0	0.0	0	0	0.0	11	6.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	6	100.0		96	100.0		0	0.0		61	100.0		0	0.0		0	0.0		0	0.0	163	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
Private Home/No Home Health	6.8	Daily Living (ADL)	Independent	One Or Two Staff		Dependent		Residents	
Private Home/With Home Health	0.0	Bathing	4.9	71.8		23.3		163	
Other Nursing Homes	8.5	Dressing	8.6	74.8		16.6		163	
Acute Care Hospitals	69.2	Transferring	23.3	57.7		19.0		163	
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.6	58.9		21.5		163	
Rehabilitation Hospitals	3.4	Eating	54.6	23.9		21.5		163	
Other Locations	12.0	*****							
Total Number of Admissions	117	Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		9.2		Receiving Respiratory Care		2.5	
Private Home/No Home Health	15.4	Occ/Freq. Incontinent of Bladder		58.3		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health	4.3	Occ/Freq. Incontinent of Bowel		42.3		Receiving Suctioning		0.6	
Other Nursing Homes	0.0					Receiving Ostomy Care		0.6	
Acute Care Hospitals	12.0	Mobility				Receiving Tube Feeding		6.1	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		1.2		Receiving Mechanically Altered Diets		31.9	
Rehabilitation Hospitals	0.0								
Other Locations	20.5	Skin Care				Other Resident Characteristics			
Deaths	47.9	With Pressure Sores		4.3		Have Advance Directives		96.9	
Total Number of Discharges		With Rashes		0.0		Medications			
(Including Deaths)	117					Receiving Psychoactive Drugs		62.0	

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		This Facility	Ownership: Nonprofit	Bed Size: 100-199	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group	Peer Group	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		96.6	85.6	1.13	88.6	1.09	84.2	1.15	85.1
Current Residents from In-County		97.5	88.1	1.11	85.4	1.14	85.3	1.14	76.6
Admissions from In-County, Still Residing		45.3	23.6	1.92	18.6	2.43	21.0	2.16	20.3
Admissions/Average Daily Census		72.2	134.2	0.54	203.0	0.36	153.9	0.47	133.4
Discharges/Average Daily Census		72.2	140.2	0.52	202.3	0.36	156.0	0.46	135.3
Discharges To Private Residence/Average Daily Census		14.2	46.8	0.30	76.5	0.19	56.3	0.25	56.6
Residents Receiving Skilled Care		93.3	90.1	1.04	93.5	1.00	91.6	1.02	86.3
Residents Aged 65 and Older		100	96.3	1.04	93.3	1.07	91.5	1.09	87.7
Title 19 (Medicaid) Funded Residents		58.9	52.8	1.12	57.0	1.03	60.8	0.97	67.5
Private Pay Funded Residents		37.4	34.8	1.07	24.7	1.51	23.4	1.60	21.0
Developmentally Disabled Residents		0.0	0.6	0.00	1.0	0.00	0.8	0.00	7.1
Mentally Ill Residents		33.7	35.2	0.96	28.5	1.18	32.8	1.03	33.3
General Medical Service Residents		25.2	23.7	1.06	28.9	0.87	23.3	1.08	20.5
Impaired ADL (Mean)		49.2	50.5	0.97	50.9	0.97	51.0	0.96	49.3
Psychological Problems		62.0	54.7	1.13	52.9	1.17	53.9	1.15	54.0
Nursing Care Required (Mean)		5.8	7.2	0.80	6.8	0.85	7.2	0.80	7.2